

Women, Medicine, and Power in Nineteenth-Century Egypt

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IN 1825 a certain Dr. Antoine-Barthélemy Clot, a French doctor from Marseilles, arrived in Cairo answering a request from Mehmed Ali Pasha, the governor of Egypt, to organize the country's medical system. Two years later Dr. Clot succeeded in founding a modern medical school attached to an impressive new hospital that he also founded in Abu Za^ʿbal at the northern outskirts of Cairo and which by the late 1830s had managed to produce 420 medical doctors for the pasha's large army and navy.¹ The hospital, which was later called Qasr al-^ʿAini (after its new location southwest of Cairo), was mainly aimed at treating the soldiers of the rapidly expanding army of the pasha; the civilian population, on the other hand, was mostly treated in the Civilian Hospital founded in 1837 and located in the elite quarter of Azbakiyya in northwestern Cairo. In Alexandria the Mahmudiyya Hospital that was founded in 1827 admitted naval soldiers, workers in the Alexandria Arsenal, and their families. In addition to founding hospitals and opening what was by all accounts an impressive medical school, the pasha and his chief medical adviser also instituted a nationwide vaccination program against smallpox, introduced free medical care for the urban population, and, by founding a modern press, undertook an ambitious project of translating more than fifty medical titles from various European languages into Arabic.²

One of the most interesting of the numerous medical institutions that Egypt witnessed in the first half of the nineteenth century was a School of Midwives. Established in 1832, it was intended to teach young women some basics of modern medicine. During their six years of study the first two focused on Arabic literacy, followed by four years of special training in the following fields: obstetrics, pre- and postnatal care, dressing wounds, cauterization, vaccination, scarification, cupping, and the application of leeches, in addition to identification and preparation of the most common medicines. Thus these girls were educated not only in midwifery and obstetrics but also in basic knowledge of modern medicine. This was a good enough reason for LaVerne Kuhnke, the leading historian of the subject, to refer to them not as *dayas*, the name reserved for the traditional midwives, but as *hakimas*, that is, female

doctors.³ Kuhnke goes on to argue that the school was remarkable for being "the first government educational institution for women in the Middle East."⁴ Moreover, if one looks at the contemporary European scene, the school compares very favorably. At a time when medical men in Europe (especially in England and France) were gradually replacing women in the medical profession on the grounds that the latter were weak, unfit for public service, or, with regard to midwives in particular, forming an inferior class of practitioners,⁵ the Egyptian School of Midwives was offering women the opportunity to receive modern education in medical science and to be part of the state-sponsored medical system.

The pioneering aspect of the school was a cause for amazement for all contemporary European travelers who not only did not find Egyptian women locked up in their harems but in fact saw them working in modern health establishments. One such traveler, a certain Dr. Wilde who was a fellow of the Royal College of Surgeons in Ireland, was impressed by how Mehmed Ali, "mindful not only of the lives of his soldiers and subjects, but even of the lowest female in his dominions, . . . has re-introduced the female midwives of Egypt."⁶ Another traveler was amazed to be admitted into the school and to find "an '*alim*', a Muslim doctor, teaching women—this is truly a revolution. When one has seen this, it seems insignificant to add that the students . . . were not embarrassed in the least to remain with their faces uncovered, even in the presence of Christians. Their head was simply surrounded by a veil of white gauze covering the chin and falling gracefully on the shoulder."⁷ One cannot fail to notice how the European traveler in this case was not appalled by the veil, one of two typical motifs constantly highlighted in the writings of European visitors to the Middle East in the nineteenth century (the other being the harem, of course). The argument implicitly put forward in this brief but telling description of the School of Midwives in the early 1840s runs as follows: As a result of the modern education that these women were receiving, they were being enlightened. The medieval institution of the veil that had secluded them and helped to put them in an inferior place could not stand the pressure of modern times: it was now "falling gracefully" and would soon be all but forgotten. Indeed, the veil appears here not as covering the face, blocking vision and light, but "surrounding" the head and sanctifying those graceful figures like the halo of angels and saints. The message is clear: Islam, superstition, and old customs could not be a match for the power and lure of modern science.

More recent historians, moreover, could not but feel impressed by the school. They hail it as "one of the most remarkable reforms of Muhammad Ali"⁸ and perceive it as an example of how enlightened the regime of Mehmed Ali was because of its "openness toward women's studying European subjects."⁹ Indeed, it is seen as decisively changing the position of Egyptian women in a way that made them more prepared than other women in the

Middle East to ask for their liberation. "[W]as not this rapid incursion into domains beyond those traditionally closed for her [i.e., the Egyptian woman]," a modern scholar wonders about this particular experience, "a factor curbing her retreat into them? Did not the breaking of this weak link, connecting her briefly to life, leave behind a feeling of nostalgia which would explain why the Egyptian woman was the first in the Arab world to claim her right nearly half a century later to greater independence, to work, and to public and political life?"¹⁰

This is how this particular institution has been viewed and studied: as an example of an enlightened project offered by a reforming government to its secluded female population. The metaphors of light, vision, and enlightenment associated with the introduction of modern science as contrasted with veiling, religion, and superstition abound in the literature on this school as indeed they do regarding all institutions introduced by the "enlightened" Mehmed Ali. In these pages I challenge this positive, modernist view that contemporary observers and later historians alike have commonly held regarding this school. Relying on the school's documents housed in the Egyptian National Archives in Cairo, I ask a set of questions concerning its daily functioning that, it is hoped, will enable us to come to a closer understanding of its nature and the purpose of its establishment, its impact on the students who attended it, and the effect it had on society at large. Specifically I raise the following questions. What were the conditions under which these girls were recruited to and educated in the school? Upon graduation, what problems did they encounter in assuming their new positions and performing their tasks? What was the reaction of their male colleagues to them? What did they themselves think of this whole "experiment" and their role in it? And, finally, what does this particular institution tell us about the introduction of modern "reforms" in a "traditional" society, reforms that were targeted at women and were aimed at "improving" their lot?

Rather than seeing this school only as an institution used by the state to spread modern education to Egyptian women or to improve their status in society, or, alternatively, arguing that it was yet another institution that the state used to spread its influence and control over the population, this paper demonstrates that the School of Midwives and indeed all health establishments were *sites of contestation* on which various battles about "modernity" and "science" were fought. It is in the context of the School of Midwives and its female students as much as in that of any other of Mehmed Ali's "modern" institutions that different ideas concerning "modernization," "reform," and "enlightenment" were contested and challenged; such issues were raised as the proper role of women, the views of religious scholars regarding changes that Egypt was witnessing, and the relative position of various social and ethnic groups within Egypt. By closely studying an institution that was at the forefront of the exciting process of "modernization" that nineteenth-century

Egypt was witnessing, this paper shows how the people mostly concerned with this institution, the graduates of the School of Midwives, were not only objects of discipline and control by the state but also conscious subjects who benefited considerably from the chance that was offered to them to improve their position in society.

SCIENCE AND THE FOUNDING OF THE EGYPTIAN NATION

Before we look closely at the school and its everyday functioning, however, it might be useful to trace the origins of the conventional view of the School of Midwives. One source is, interestingly, the pronouncements of Mehmed Ali himself to his European visitors. These foreign travelers were often keen on adding more color to their already exotic Oriental tour by visiting "the old spider in his den," as one British traveler described the almost ritualized encounter with the pasha in his citadel in Cairo.¹¹ On his part the pasha, desperate to influence public opinion in Europe and to improve his chances of forcing the Ottoman sultan to grant him hereditary rule of Egypt, used these travelers in his efforts to portray his regime as an enlightened, egalitarian one attempting to introduce modern ideas in his province at a time when the central lands of the Ottoman Empire were suffering from bigotry and superstition. Aware that he lacked the right to appoint political agents (ambassadors or consuls) in European capitals, since technically and legally he was only a governor of an Ottoman province, Mehmed Ali had few tools available for this project of influencing European public opinion. One strategy was to stage the visits of the European tourists and, in a sense, to condition what they would write about.¹² The record these travelers left does suggest that he often succeeded in using them for that purpose. Consider, for example, the following account of an interview he once gave to Sir John Bowring, a British "adviser" whom Lord Palmerston, the British foreign secretary, had sent to Egypt to report on the pasha's finances and government, but who soon struck up a rather intimate friendship with the old pasha. "Do not judge me by the standard of your knowledge. Compare me with the ignorance that is around me. . . . I can find very few to understand me and do my bidding. . . . I have been almost alone for the greater part of my life."¹³ How can one remain unmoved by this canny announcement in which the pasha reveals himself as the great lonely reformer, little understood by his own people but determined, nevertheless, to push his country into "modernity?" Coming to the country when it was teetering on near collapse and misery, he uplifted it from the brink of total chaos and stoically and steadily attempted to modernize it. What is of relevance here is his allusion to modern science to justify his position in Egypt and to answer European criticism of his rule and his controversial rebellion against the Ottoman sultan.

It is also significant that in his attempts to influence (and even condition) the views of these foreign visitors and thus what they ultimately wrote about, Mehmed Ali and his top employees often went out of their way to present in the best possible way the various establishments that these visitors were checking, much as is true of "unexpected" visits by modern-day Egyptian officials. For example, in a letter from the Health Council (termed in Arabic *Shura al-Atibba*; hereafter the Shura for short) to the Department of War (*Diwan al-Jihadiyya*, hereafter the Jihadiyya for short), which technically supervised its activities, the Shura writes, "One-quarter of the Qasr al-'Aini Hospital is [currently] under construction. This section is reserved for the hospital pharmacy and its lab. What we have now is a temporary building that functions as a lab; it has no ceiling and is so inadequate that we do not dare show it to tourists."¹⁴ In another letter the Cairo Department of Health Inspection (*Diwan Taftish Sihhat al-Mahrusa*, hereafter Taftish) wrote to the Cairo Police Department (*Zabtiyyat Masr*, hereafter Zabtiyya) telling them that on touring the streets of Azbakiyya quarter, they found the streets filthy and the garbage uncollected. "This is unacceptable," they explained, "especially since your headquarters are located there and the quarter is where most of the European [residents] and the [European] consuls live. . . . We request that you be diligent in supervising the health and hygiene of the quarter, especially since all tourists constantly go there, and if they find it in this condition, they might assume that all other quarters in Cairo are equally dirty, which is something you certainly would not be pleased by."¹⁵ In yet another letter the Shura wrote to the Schools Department (*Diwan Madaris*, hereafter Madaris) backing the request of one of the teachers in the School of Midwives for some crucial equipment that had been lacking. In its letter the Shura said that this equipment was necessary "to improve the performance of the school, which besides benefiting the students there, is also important for its image especially since all important tourists go there to inspect it."¹⁶

These preparations must have been very effective, since the archival record shows that there were constant complaints about the actual performance of the various medical establishments, yet the contemporary European writers described the hospitals as without deficiencies. Consider, for example, the following description of Qasr al-'Aini Hospital by Dr. Wilde, whom we have already come across being mesmerized by the pasha's efforts to educate "the lowest females in his dominions." His visit to the hospital was made on January 27, 1838. "Having a letter of introduction to the chief medical attendant, Dr. Pruner, I this morning visited the military hospital and medical college in Casr-el-Ein [*sic*]. . . . This splendid establishment, decidedly the best constituted, and the one which reflects most credit on the humanity and liberality of the Basha of many of the recent improvements in Egypt is situated in the midst of the most charming parks. . . . and I am bound to say that a cleaner, better regulated, and better conducted medical establishment I never visited."¹⁷ I

quote Wilde here and juxtapose his version of what he saw with letters by health officials that hint at the possibility that his visit might have been staged to caution against the uncritical use of travelers' accounts as we formulate our views about the School of Midwives. More generally, though, it is to point out that our view of the great pasha has been considerably shaped by the pasha himself. It is as if the pasha had succeeded in dictating his own biography from beyond the grave. Again it was "science" to which he resorted in order to affect how his European visitors saw and judged his reign. These European interlocutors have left us many "eyewitness" accounts of the pasha and his enlightened reign, accounts that we should read with care, rather than uncritically accept as do a number of his biographers.¹⁸

Another important source for this vision of the pasha's enlightenment can be traced to the writings of his own Egyptian contemporaries, especially those students whom he had sent to "see with their own eyes . . . how and why [the West] is superior to us."¹⁹ Over three hundred students were dispatched during his reign to study in various countries in Europe, but mostly to France. Around fifty of them were sent to study medicine, and on returning a number of these students set about translating books from European languages and spreading the knowledge they had received in Europe among fellow Egyptians who were now educated in the enlarged Qasr al-'Aini Hospital. These young doctors, who were handpicked by the pasha, had no doubt that it was Mehmed Ali who was to be thanked for introducing modern medicine to Egypt. If the pasha wanted to portray himself as an enlightened despot, the students he sent to Europe preferred to see him more as a prophet who through his vision and determination eagerly improved the lot of his people. Consider, for example, the writings of one such student, Ahmad al-Rashidi, who was sent to France in 1832, after having finished his studies in Qasr al-'Aini, and who on returning to Egypt wrote: "Medical science had all but disappeared from Egypt . . . and was practiced by all kinds of quacks who . . . did not understand anything about medicine, its rules or its foundations. . . . [This continued to be the case] until God sent us the greatest reformer on earth . . . Mehmed Ali . . . who was determined to resurrect this science by opening medical schools."²⁰ Eventually the same doctor took it upon himself to translate a book on childbearing and child delivery "to be used by the midwives of the [newly founded] School of Midwives, in the hope that they find it useful."²¹

This discourse about science, modernity, and enlightenment was not restricted to Mehmed Ali, his foreign interlocutors, or his Egyptian students: nationalist historians in their never-ceasing effort to find a founding father of the Egyptian nation depict the great pasha as exactly this kind of leader. The "Founder of Modern Egypt" was, therefore, not only a familiar figure to British historians, reminding them of their civilizing mission in India,²² or to French historians who see in his career a logical continuation of what Napoleon left unfinished,²³ he is also seen by Egyptian historians as a true national

hero who was determined to rid Egypt of its Ottoman yoke and also to deliver the country from European and specifically British control.²⁴ But it is his measures to design a modern public health program, in particular, that are often seen as his greatest achievement because they "helped get rid of clouds of ignorance that have been hovering over the country for centuries."²⁵ Similarly, the Qasr al-'Aini School has lately been judged to be "more than another academic institution; . . . it played a central role in the creation of a medical profession in Egypt, and . . . it thereby came to represent a center of civilization that was to have an enlightening effect on the country as a whole."²⁶

ORIGINS OF THE SCHOOL OF MIDWIVES

Rather than viewing the founding of a modern medical school in 1827 or a school for midwives five years later as "determined [attempts] to resurrect [medical] science," we should place these "experiments" of the pasha's within his larger military career. It was the founding in the early 1820s of a huge army and navy (a fighting force that at their peak a decade later reached the impressive figure of 180,000) that prompted Mehmed Ali to undertake a costly and controversial medical reform program. For the pasha was aware that creating a conscription-based army entailed gathering and training tens of thousands of conscripts in tightly guarded camps and educating thousands of young cadets in equally packed military schools, acts that by their nature constituted a considerable health risk, not least because of the repeated plague and cholera visitations to which Egypt was prone.²⁷

Equally important was the acute concern about the size of the potential fighting force, a concern that grew as the conscription and *corvée* orders became more frequent.²⁸ Specifically at issue here was the high infant mortality rate, the result of smallpox infection and stillbirths. Both, it was believed, could be effectively dealt with if attention were given to the creation of a corps of women health practitioners. Clot Bey shared his male contemporaries' prejudice against the traditional midwife, the *daya*, and believed her alone to be responsible, with her superstitious, irrational practice, for the large number of stillbirths every year. He hoped that the opening of a school for midwives would offer an opportunity to supplant the traditional *daya* with a reliable, properly educated *hakima* as a step toward the complete eradication of what he considered to be "the symbol of the whole complex of 'old-wives medicine' with its magic potions, charms and incantations."²⁹

But it was smallpox that was deemed to be more damaging to Mehmed Ali's expansionist dreams, if only because of its higher incidence: by the early 1820s fifty to sixty thousand children were falling prey to it annually. It was thus responsible for increasing the infant mortality rate by forty or fifty per thousand, which in turn increased the overall annual death rate by something

between three and four per thousand.³⁰ In response, and as early as 1819, the pasha ordered his deputy to institute a countrywide vaccination program against smallpox.³¹ Five years later, the pasha requested of M. Drovetti, the French consul-general, that he secure a number of doctors from France who could administer a vaccination program in the countryside. Three such doctors arrived in Egypt and started to vaccinate people against smallpox in various provinces in Lower Egypt,³² then moving to Middle Egypt the following year.³³ After Dr. Clot arrived in 1825 and took over the entire health establishment, he convinced the pasha that effective control of smallpox and other diseases required that the health and hygiene of women and children, who had not hitherto been the target of public policy, be checked.³⁴ Women, Clot Bey reasoned further, "must be trained to help safeguard the health of Egypt's women and children,"³⁵ and specifically must be entrusted with vaccinating them against smallpox, something that the male barber-surgeons had difficulty accomplishing.

If control of smallpox was the primary objective prompting the pasha in 1832 to accept the counsel of his chief medical adviser and to approve the establishment of a school for midwives, it was not the only factor. There was another more alarming disease whose control necessitated having access to women and making their bodies available to the piercing medical gaze: syphilis. The connection that syphilis had to Mehmed Ali's army was even more apparent than that of smallpox, for in nineteenth-century Egypt as everywhere else syphilis was thought to spread mainly through prostitution, an undesirable, if often unavoidable, concomitant of nineteenth-century standing armies.

There is some evidence to suggest that prostitution in Egypt was on the rise during the first half of the nineteenth century. This is so not so much because of any sudden collapse in morals or a mysterious rise in vice as represented by someone like *al-'almeh* Kuchuk Hanim³⁶ on her divan or the *khawals*³⁷ of Cairo dancing in the streets in their female dresses to the amusement of the rich and poor alike. Nor is it, as Clot Bey hints, because of the high rise in the rate of divorce or the "voluptuous temperament of Egyptian women."³⁸ Rather, it was caused by the unprecedented disruption to family life that resulted directly from Mehmed Ali's ravenous conscription policy, which forced tens of thousands of men to move around from city to city and from region to region, leaving their wives, mothers, and daughters behind. "Numbers of young wives thus abandoned are compelled by starvation, or to prevent their children from perishing to join the *almé* [i.e., prostitutes], all whose profligate habits they must soon acquire."³⁹ In March 1833, during a visit to Beni Suwaif in Middle Egypt, the British traveler James A. St. John, described what was most probably a typical scene. "On reaching [the town] unusual bustle and activity were observable in the streets. . . . The cause was soon discovered: Ahmad Pasha, with a division of the Egyptian army, had just arrived from the Hedjaz, and the soldiers . . . were spreading themselves through the city.

snatching in haste the coarse pleasures within their reach. All the dancing girls, singers and musicians were consequently employed, and we found the caravanserai so entirely occupied by this military rabble, that not a single apartment could be obtained."⁴⁰

As evinced by this European visitor's contemporary observation, it is clear that the pasha's army was putting pressure not only on the resources of the country but also on the women of any area it happened to march through. As a result, as in all military mobilizations, Mehmed Ali's army helped spread venereal disease wherever it marched.⁴¹ Just after the outbreak of the Syrian War in 1831, for example, the army faced a serious syphilis epidemic.⁴² The field hospitals that were quickly established in Syria could not cope with the rapidly increasing numbers of syphilitic soldiers. Many had to be sent back to Egypt for treatment.⁴³ One medical examination in the army revealed that the number of soldiers afflicted with syphilis was equal to the number of all other patients put together.⁴⁴ Recognizing the seriousness of the situation, Mehmed Ali had to order his nephew, Ahmad Pasha Yeğen, to supervise the process of medical checkup himself.⁴⁵ Eventually, and as evidence that syphilis (in addition to scabies) received particular care, the preprinted daily reports of the hospitals in Syria had separate entries in which the director of the hospital had simply to fill in the number of syphilitic soldiers.⁴⁶

Faced with a near-epidemic incidence of syphilis, and supervising doctors unqualified to deal with it, Clot Bey had to write a special treatise on the subject.⁴⁷ Translated into Arabic and printed by the army press, the treatise took the form of a personal letter from the chief physician of the army to each regimental doctor. However useful this treatise might have been in helping the young medical officers diagnose and treat the disease, the authorities felt that the main problem lay in the military establishment's having failed to prevent the spread of the disease in the first place. Prevention obviously required a strict system of control of the soldiers' sexual lives and a strong prohibition on women's entering the camps or barracks.⁴⁸ The men were not allowed to solicit the services of prostitutes. This rule also applied to European officers "whoever they might be,"⁴⁹ and to Turkish-speaking officers.⁵⁰

Once prostitutes were forbidden to enter the camps and strict regulations were passed against soldiers' and officers' soliciting their services, the main problem was the soldiers' wives. As long as the troops were still in Egypt, their families were allowed to join them and to follow them from camp to camp.⁵¹ Eventually, and for health reasons, this practice had to be stopped. Preventing the soldiers from having access to their wives proved to be difficult to enforce, and some women disguised themselves as soldiers to follow their husbands all the way to Syria.⁵² When the authorities insisted on forbidding wives to accompany their husbands, the men grumbled strongly "and in order to counteract the feeling of despondency as far as possible, the wives, concubines, and parents of the conscripts have been allowed to accompany them."⁵³

By conceding the soldiers' needs on that front, Mehmed Ali proved to be more flexible and pragmatic than the contemporary British naval commanders who through "the whole illogical system of indiscriminate pressing with its corollary of not allowing the men shore-leave when in port" were aiming at a standard of morality "altogether too high for the people with whom it dealt."⁵⁴ Allowing women to join their husbands in Syria placated the soldiers and helped to stem possible mutinies, but it created serious hygienic problems that contributed to the spread of syphilis and other venereal diseases among the soldiery, and that the authorities now found difficult to address.

In the second section of his treatise on syphilis Clot Bey set out a method that he hoped would be effective in controlling the spread of syphilis through prevention rather than cure. It had to do primarily with the health condition of the wives' lodgings and their bodies. The wives of the soldiers of each regiment were to be divided into four sections corresponding to the battalion divisions within the regiment. They had to be set aside and examined by the wives of the doctors in charge of the men of the battalion.⁵⁵ The doctors had to teach their wives how to diagnose syphilis and how to detect any suspicious signs of it on the bodies of the women they had to examine. The "women doctors" then had to report their findings to their husbands after each weekly examination. More important, the soldiers were ordered not to allow into the camps any women except their wives, "even if these women are their mothers or sisters since this will increase the financial burden of the soldiers, plus being a further cause for the spread of diseases."⁵⁶

What is clear from this short excursion into military affairs is that Clot Bey clearly realized that these women, whether wives, concubines, or prostitutes, were a serious health hazard. His initial suggestion that women be prevented from joining their husbands for health reasons faced so much opposition that the military authorities had to give in and to overturn his recommendations. Allowing women into military camps, however, created obvious problems, especially health ones that, as Clot Bey realized, his impressive medical establishment was ill prepared to resolve because it lacked properly trained medical personnel who had access to women.

As alarmed as Clot Bey was by the health condition of the army, he was even more alarmed when he realized that syphilis had spread epidemically among the student population in the military schools in Cairo. In June 1847, when he was informed that the number of syphilitic students was as high as 305 in one such school alone, he wrote a harsh, reprimanding letter to the Schools Department, the Madaris, telling them that they had to take serious action to bring the situation under control.⁵⁷ The Madaris replied that, in effect, he was exaggerating the matter since a number of names on his list were in fact repeated more than once and hence the total number of afflicted students was not as large as he had claimed. Clot Bey countered that even if some

names had indeed been repeated, the number was still large enough to warrant concern. He concluded that undoubtedly the disease was so prevalent because of "improper behavior and the abominable acts [that the students commit], and if you conduct a regular checkup, you will find that most of the students are afflicted."⁵⁸

Ultimately he determined that the root of the problem was prostitution:

Unlike [the situation in] Europe, prostitutes [*al-nisa' al-fawahish*] are not required to present themselves for medical examination. One such woman is enough to infect one hundred men. Since we have established clinics and hospitals in the provinces [I suggest] it will be a great move if we force these women to be treated there. This is how European countries have managed to control syphilis, which is graver and more dangerous than the plague. In my opinion there is nothing [morally wrong] in forcing these women to report to the hospitals, since given the fact that these women have no sense of propriety in shamelessly practicing prostitution and adultery, they certainly will have no shame in allowing themselves to be examined regularly. . . . If they refuse [we can force them] to change their profession. This is one of the most important matters regarding health, and I urge you [i.e., *Diwan al-Khidiwi*], to pay considerable attention to it since examining these women is far better than banning them [from their trade]. This is so because these women are an essential link in maintaining the health of free women [*sic*], and not banning them [but at the same time examining them] is far better than [allowing the men] to replace them with a much greater vice that is against human nature, by which we mean those young boys who, with the pretext of [public] dancing, commit what is improper even to be uttered.⁵⁹

The key to controlling the spread of syphilis, then, was being able to check and treat the prostitutes who in Clot Bey's mind were solely responsible for spreading the disease among "free women," as he called upper-class women. In addition, lack of proper medical scrutiny of prostitution forced men, in their fear of contracting venereal disease, to seek pleasure elsewhere and to "commit what is improper even to be uttered." Compulsory weekly medical examinations for prostitutes were not instituted until after the British takeover in 1882.⁶⁰ However, as early as the 1830s, as has been shown above, there seems to have been a realization that women health practitioners were needed to check the prostitute population of Cairo and other major cities. Indeed, one effort to control this sprawling prostitute population was the attempt to recruit some of these women into the School of Midwives. In a telling letter from the Shura to Madaris, Clot Bey suggested that since "Cairo is a large city having a large number of girls who are orphans or very poor and who out of need are forced to commit indecent vices, . . . it would then be easy to recruit some of these girls [to the school]. . . . We therefore request [permission] to ask the *Zabit Bey* [the Cairo police commissioner] to summon the

shaykhs of the quarters of Cairo and to ask them to supply three such girls from each quarter."⁶¹

It is obvious from this brief review of the reasons that might have prompted the authorities to found a medical school for women that the aim was not to start an "enlightenment" project among the female population. Clot Bey might have been interested in public morals and was obviously appalled by the "improper behavior" of students in military schools. He might have also been interested in cleansing Cairo of the prostitutes who were littering its streets, and probably he was also genuine in wishing to give them a better chance. However, the prime reason for establishing the School of Midwives with the full backing of Mehmed Ali was not to emancipate the prostitute population of Cairo, nor was it to give its "free women" a chance to acquire modern education; rather, it was the need to preserve the health of the soldiers in the army, which was believed to be threatened by syphilitic prostitutes and by the *dayas*, whose superstitious practices raised the rate of stillbirths, ultimately reducing the size of the potential fighting force. That it was the general hygienic standards of the population, which in turn affected the size of the army, and the objective of keeping a watchful eye on public morality that constituted the main impetus for founding this daring institution is borne out by a review of the duties and responsibilities of the school's students upon graduation and of the tasks that they were entrusted with. But before we follow the graduates of the School of Midwives to see whether they did in fact meet the authorities' expectations after they had assumed their new positions, a word is in order regarding who these women were in the first place and how they came to join the school.

EARLY PROBLEMS: FINDING STUDENTS AND TEACHERS

The first problem that Clot Bey encountered in founding the new school was that of finding girls who would be capable and willing to undertake what was by all standards a lengthy, rigorous, and unorthodox course of training. People in general, not women alone, resisted Mehmed Ali's "progressive" educational policy, and this resistance was not the result of bigotry or an inherent opposition to the values of modern "science" but was a natural consequence of the manner in which this policy was implemented and the logic that informed it. One has to bear in mind that Mehmed Ali was uncomfortable with the idea of educating the masses, let alone the female population, for he was apprehensive concerning the political and social problems that would ensue if his Arabic-speaking subjects were given the chance to challenge the Turkish-speaking military/bureaucratic oligarchy he had so laboriously put together.⁶² As a result, the pasha was opposed to opening primary schools to educate girls (or boys for that matter). Indeed, he opened such schools only after their need

became desperately obvious when the secondary and advanced schools could not function owing to a lack of literate students. Consequently, his educational policy made little sense and appeared rather as a series of uncoordinated decisions taken in response to crises. This was particularly noticeable in the case of the School of Midwives, which—unlike the Abu Za'bal medical school, which recruited its male students from al-Azhar, the old and prestigious religious seminary—lacked a similar institution for girls that could supply Clot Bey with literate and able-bodied female students.

Moreover, Mehmed Ali and his top officials rarely allowed the population to join the supposedly beneficial educational institutions of their free will. The peasantry seriously opposed the recruitment of students for the pasha's schools, and parents often hid their children to prevent their being taken by the pasha's agents. This opposition was triggered not by any inherent loathing of the values of education but rather by the way the authorities conducted the recruiting process: Turkish-speaking officials would be sent from Cairo to grab as many young children as could be found, and these officials would then drag them to their schools, prompting peasants to draw valid comparisons between the recruiters and conscription gangs, *corvée* officials, and tax collectors. The opposition sometimes took dramatic form, as in the case of a mother who chopped off her son's finger to prevent him from joining one of the pasha's schools; but he was later asked to join it anyway.⁶¹

Given these problems in finding girls who would volunteer to join the school, the government resorted to "a measure which appears to us now as very queer."⁶² Officials were dispatched to the Cairo slave market to acquire ten Abyssinian and Sudanese girls. These girls constituted the first batch of students to join the school, which was initially attached to the Abu Za'bal Hospital. The pasha ordered the appointment of two eunuchs from his palace in the citadel to guard them in their new location. Three years later the government bought ten more students from the Cairo slave market, raising the number to twenty. Then the government took ten young girls from the old Mansuri Maristan, which had functioned as a hospice for the poor since the Middle Ages.⁶³ These girls had been sent there to be cured by parents who had not claimed them back. It was this "queer" mixture of former slaves and inmates of the old Cairo hospice that formed the nucleus of the student body of the School of Midwives.

In spite of the government's pressing need for these women doctors to undertake numerous medical tasks, as will be elaborated below, the difficulty in finding willing and suitable girls for the school remained a perennial problem throughout the school's history. Initially Clot Bey envisaged recruiting as many as a hundred girls, a number representing the absolute minimum needed for the essential female medical corps.⁶⁴ However, the number of students rarely reached even half that figure. Immediately after the school was transferred from Abu Za'bal in 1837 to be attached to the Civilian Hospital in

Azbakiyya, it had no more than twenty-two girls; by 1840, there were only eleven.⁶⁷ In 1844 and according to the regulations of 'Issawi al-Nahrawi, supervisor of the school (see below), Clot Bey ordered the appointment of six of these female doctors for Cairo: four for the eight "quarters" and two for Bulaq and Old Cairo. However, they had not finished their full course of training, and it was soon realized that "if we discharge these girls now, Egypt will need one hundred years to be self-sufficient in female doctors." It was therefore decided that these girls should not be discharged completely from school, but that they would divide their daily schedule between studying and performing their duties outside school.⁶⁸ The Shura was constantly complaining of the insufficient number of female doctors. They fully realized that each quarter of Cairo needed at least one female doctor who, the Shura added in a letter to *Diwan al-Khidiwi* (the Department of Civil Affairs, a precursor to the Department of Interior), might fall ill and hence would need to be replaced by another doctor.⁶⁹ Nevertheless, few girls came of their free will to join the school, and those who did were mostly orphans.⁷⁰ By 1859 some general criteria were set down by the Shura regarding potential candidates for the school. In a letter to *Majlis al-Ahkam* (the Supreme Court, which also had some legislative and administrative functions), it said that the school should depend less on slaves as a major source of students and should rely instead on orphans, daughters of the soldiers of the Cairo police force, daughters of the army soldiers, and finally the daughters of public employees, in that order.⁷¹ In spite of these regulations, the number of students in 1863 was only twenty-four, which prompted the Shura to encourage the recruitment of thirty-four more girls to increase the number to the sixty now considered a full complement.⁷² Nevertheless, the school had no more than twenty-two students in 1876, and the Shura seems to have resigned itself to increasing the number to only thirty.⁷³

Besides the difficulty of encouraging suitable girls to enroll in the school, the other obstacle was finding competent teachers. When the school opened in 1832, the first group of students were taught by a Frenchwoman, a Saint-Simonist by the name of Suzanne Voilquin.⁷⁴ She was in charge of the school until 1836 when she was replaced by a Parisian compatriot, Palmyre Gault. It is not known how long Mme Gault stayed in Egypt; by 1844, however, an Egyptian male doctor, 'Issawi al-Nahrawi, was appointed as supervisor of the school and chief instructor there.⁷⁵ Three years later, negotiations were conducted by a certain Estefan Efendi who was working on behalf of Clot Bey to find a new Frenchwoman to assume the position of chief instructor. The archival records do not provide the name of this new doctor: what is known, however, is that her contract stipulated an annual salary of 1,500 piasters (approx. £15).⁷⁶ At around the same time, 1847, one of the students of the school, Tamruhan, finished her course of training and was appointed as assistant schoolmistress.⁷⁷ Tamruhan proved to be an outstanding *hakima* and was eventually promoted to the position of chief instructor of the school in 1857.

a position she held till her death in 1863.⁷⁸ After her death the chief doctors of the Qasr al-'Aini and Alexandria Hospitals recommended replacing her with a European doctor, a recommendation that the Health Council (*Majlis al-Sihha*) backed. However, *al-Majlis al-Khususi* (the Privy Council) turned down this recommendation and suggested the selection of a girl from among the students of the school "so as to offer an enticement for the students and encourage them to excel in their studies."⁷⁹ In the end a general exam was conducted among the various *hakimas*, and one Zarifa 'Umar was appointed as chief instructor.⁸⁰

DUTIES OF THE GRADUATES OF THE SCHOOL

During their stay in the school the students received a monthly stipend from the government in addition to free lodging and food; and on graduation they were given a monthly salary of 250 piasters (approx. £2.5), a military rank like that of their fellow male doctors, a means of transportation (usually a donkey), lodgings, and a position within the government health establishment, generally in the clinics created in Cairo and in the provinces to provide free health consultation for the population. The graduates of the School of Midwives, therefore, appear to have improved their position in society and to have succeeded in crossing race, class, and gender boundaries. By closely following these women to their new posts, however, we find a less rosy picture, and their new position in society appears to be much more problematic than the teleological analysis of the introduction of "modern" science to "traditional" society would like us to believe. This is borne out when we review what these women actually did after graduating from the school, and how they performed the duties entrusted to them.

As the official *al-Waqa'i' al-Misriyya*, Mehmed Ali's gazette, would have it, one of the main tasks to be performed by these women was to serve in the newly founded health offices of Cairo, the *makatib al-sihha*. These were clinics offering medical services to the urban population free of charge, in which 21,468 outpatients were reportedly treated in the period between 1845, when six such clinics were first established, and 1848, when their number was raised to eight, six for Cairo's eight "quarters" (*tumns*), one for Bulaq, and one for Old Cairo. These clinics were supposed to "treat common ailments like ophthalmia, scabies, syphilis, and dislocated or broken limbs. . . . [In addition, they were to offer] free consultation for all the city's inhabitants; emergency aid to victims of drowning or asphyxiation; dressing injuries; free vaccination; dispatching *hakimas* to confinement cases, [and] verifying and certifying causes of death."⁸¹

This is what the *Waqa'i'* would like us to believe—that these were problem-free, benevolent institutions. Reading the records of these clinics, however, reveals a different picture. It was not such a large number of patients that

sought the medical assistance offered, nor was the care free of charge. Furthermore, the picture that emerges is one of conflict and confusion, and this is nowhere more clear than in the cases involving the *hakimas*. There is no doubt that vaccination was one of the important duties performed by these women doctors in the clinics as well as in the Civilian Hospital in Azbakiyya. In addition to these tasks, however, these women were entrusted with other responsibilities seldom mentioned in the literature. These were duties instrumental in enabling the authorities to have a wider and tighter grasp of the population and were arguably more important for the state than were the benevolent ones usually highlighted in the literature. These were also tasks that brought the *hakimas* face-to-face with groups in society that were adversely affected by the reforms of the state and defenseless against its new power. Except, perhaps, to attack its new, fragile agents.

HAKIMAS AND DAYAS

As mentioned above, the number of *hakimas* graduating from the School of Midwives was far below that required to oversee all childbirth in the country and to supplant the *dayas* altogether. The latter continued to be in charge of the overwhelming majority of childbirths throughout Egypt.⁸² It was reported, for example, that in a two-year period there were only three deliveries at the Civilian Hospital, which prompted the government to offer financial incentives to pregnant women to encourage them to patronize the maternity care facilities of the hospital.⁸³ The small number of *hakimas* notwithstanding, they were indirectly involved in the process of childbirth in that they oversaw the activities of the traditional midwives. The *dayas* were expected to report all difficult delivery cases and to promptly seek the assistance of the *hakima* of the quarter they were working in; if this *hakima* was not to be found, then the *hakima* of the Cairo Police Headquarters, the *Zabtiyya* (located in Azbakiyya) was to be immediately informed.⁸⁴

Another duty that connected the new midwives to the old ones was the requirement that if a woman requested certification in midwifery, and if she was found lacking in basic knowledge, she would be entrusted to the chief instructor of the school who would educate her. This, however, was to be done privately and outside the school.⁸⁵ But the *hakimas*' most important function vis-à-vis the old *dayas* lay in their forcing the latter to supply vital statistics. For the authorities were constantly suspicious that the *dayas* were evading government regulations about recording names and birth dates of the children they delivered and relaying this information regularly. According to the regulations the *dayas* were to supply information about the children they delivered on a daily basis; a large number of them, though, were doing so only at the end of every month.⁸⁶ This information was supposed to be handed to the *shaykhs*

of the *haras* (streets) who, in turn, were supposed to hand it to the clinic of the quarter. However, the authorities constantly complained that the number of reported births was inconceivably low and that births were not reported punctually, either by the *shaykhs* of the *haras* or by the *dayas*.⁸⁷ Often the number of reported deaths exceeded that of births, which looked very suspicious when there were no major epidemics.⁸⁸

One way to control what appeared to be a serious leakage in the system was to have a tighter control over the *dayas*. This was made possible by a requirement that they obtain a certificate authorizing them to perform their trade, a certificate that was to be renewed annually.⁸⁹ Any *daya* suspected of laxity in reporting information on the babies she delivered would be fined the first time and would have her certificate revoked if she were found guilty a second time.⁹⁰ Those found performing midwifery without certificates were fined and punished.⁹¹ Now, it was the *hakimas* who managed this task: the certificates to be handed to the *dayas* were to be stamped by the *hakimas*.⁹² It appears, therefore, that the *hakimas* were an important tool of the authorities, wielded to force the compliance of a section of the population that had hitherto been outside effective government control, namely, the *dayas*. Controlling the *dayas* was important not only because it forced them to seek assistance from their better-educated female superiors but also because it ensured that the government was kept updated with vital information on which "such matters as inheritance, marriage, pensions, conscription, taxation, and vaccination rest," as a government communiqué explicitly stated in 1879.⁹³

HAKIMAS AND THE DEAD

Another duty these women had to perform was conducting postmortems to verify cause of death.⁹⁴ This was of utmost importance especially in times of epidemics, mainly plague and cholera. It was precisely through identification of causes of death that the plague was effectively controlled and finally eradicated from Egypt.

During plague and cholera epidemics no corpse was to be buried without health certificates' having been issued by a doctor certifying that the death was not caused by one of these two diseases or by any other suspicious cause, such as murder. Since burials within the city had been forbidden, it was at the city gates that these certificates were checked.⁹⁵ Technically the guards at the city gates were ordered to take the certificates from the hands of the relatives of the deceased and then deliver them to police headquarters. When it was discovered that some of the guards were handing in a suspiciously small number of certificates, they were punished.⁹⁶ The system seemed to work, and the only possible problem was that of examining female corpses. Probably in order to placate those opposed to having women's bodies checked by male doctors, the young

graduates of the School of Midwives were ordered to conduct postmortems on female corpses, and gradually this became one of their main duties. The *hakimas* conducted postmortems not only in times of epidemics but also in cases in which a woman was suspected of having been murdered. Regardless of the nature of the "unnatural" cause of death, epidemics or suspected homicide, all problematic cases were to be reported immediately to the Qasr al-'Aini Hospital.⁹⁷

It was in this particular capacity—that is, as coroners—that the *hakimas* faced the strongest opposition from various quarters of society. Sometimes their male superiors accused them of being incompetent; at other times resistance came from the religious authorities who found the *hakimas* to be undertaking unorthodox, controversial tasks. Their dealing with death triggered this opposition because, as will be shown below, autopsy and postmortems in general offered fertile ground for larger disputes between men and women regarding the proper position of women in society, between the religious and secular authorities, among the Turkish-speaking aristocracy, the European advisers in the Egyptian administration, and the Arabic-speaking young doctors who were elbowing their way up the social ladder, and finally between the Health Council and other branches of the government in charge of health and hygiene. If we are to understand the various obstacles and opposition that the *hakimas* faced, a word is in order regarding the social, administrative, and legal framework that governed the School of Midwives.

The most important factor that affected the functioning of the School of Midwives, and, indeed, the whole medical establishment that Clot Bey founded, was lack of administrative autonomy. For the Health Council that the Frenchman headed, the *Shura al-Atibba*, was not an independent government body: technically the Shura was only a subdivision within the War Department, the *Diwan al-Jihadiyya*. This meant that all its operations, finances, requisitions, and correspondence had to be approved by the Jihadiyya; Clot Bey and his subordinates complained bitterly of the inevitable bureaucratic complications that this situation entailed. In one letter to the War Department Clot Bey asserted that the military hospitals were issued insufficient medicine and food. "I do not understand," he said, "why there is always a readiness not only to belittle the [entire] medical service but also to abolish [things] related to it. . . . [This in spite of the fact] that the medical regulations used in the various hospitals in Egypt stipulate the expenditure of only one-twentieth of what hospitals in Europe spend."⁹⁸ In another letter he countered the accusation of the Jihadiyya that it was *his* department that was causing delays. He said he would not accept such language: "I have been in service for over twenty-two years, in which time I have never been so harshly rebuked."⁹⁹

The situation was even more complicated because the Shura was also supervised by the Schools Department, the *Madaris*, in matters pertaining to the Qasr al-'Aini medical school (while the hospital itself was supervised by the

Jihadiyya) and by the Department of the Interior, the *Diwan al-Khidiwi*, in matters concerning civilian hospitals, like the Azbakiyya Hospital, and the urban and provincial health clinics (the *makatib al-sihha*). This cumbersome administrative structure invited all kinds of disputes and tensions. For example, the Madaris complained to the Shura that the head of the Qasr al-'Aini medical school was addressing the Shura directly and circumventing the Madaris. Clot Bey countered by saying that this was only to save time, and that he was not intending to imply that the Shura was on the same administrative level as the Madaris.¹⁰⁰ Such apparently simple tasks as appointing doctors, admitting patients to hospitals, submitting requisitions, delivering food, medicine, and supplies to the provincial hospitals, or paying rent for the apartments occupied by the urban health clinics were completed only after numerous, and often acrimonious, letters.¹⁰¹ The best evidence of the tension that characterized the relationship between Clot Bey's Shura and the other government departments that controlled and often interfered in its work is the following sarcastic letter drafted by Clot Bey to the Madaris about the length and nature of the reeds that were needed to cover the roofs of rural dwellings.

I have received your letter concerning the reeds needed for the rooftops of newly renovated peasant houses, and although I have not clearly understood the connection between the length of reeds and [important] health matters, I answer Your Excellencies, as far as my incompetent mind allows me, by the following. First, any roof could not be covered without [beams of] wood. Second, as far as health matters are concerned, there is no difference between short and long reeds that would be needed to cover these wooden beams. Third, if the intention of dwelling on the length of reeds is to argue that they could be used instead of wood and could therefore help in cutting cost, then this would mean that these houses would necessarily have to be so small as to render them unhealthy and unfit for human occupation. Since Your Excellencies were kind enough to address us concerning this matter, we are more than delighted to remind Your Excellencies that the intention of His Highness [Mehmed Ali] was to rebuild and renovate the villages in the entire country of Egypt, and he had allocated for that purpose the sum of 50,000 *kises* [i.e., approx. £500] annually and this is something that had been published in the *Waqat*¹² and was reported by all European newspapers. Ultimately, the aim is to improve the health standards of the population. But now we have spent an entire year with only three villages being rebuilt. Accordingly, and God willing, if we continue at this pace we will need four thousand years to renovate all the villages in Egypt.¹⁰²

Besides illustrating the kind of daily problems that Clot Bey and his medical establishment encountered, this letter is also interesting for its caustic tone. This kind of language was not used because Clot Bey had recently arrived in Egypt and was appalled by the incompetence and inefficiency of the local bureaucracy; rather, this is a letter he wrote after spending more than twenty

years in Egypt and after his position had been made secure. What triggered this acrimonious language was the very real opposition that Clot Bey encountered every day in his work—opposition that he attributed to the ignorance, superstition, or bigotry both of his superiors and of the general population.¹⁰³

However, his "scientific" arguments notwithstanding, the opposition to Clot Bey's enterprise was not irrational, accidental, or impulsive; rather, it emanated from various factions that deemed the whole institution of modern medicine detrimental to their positions in society. In spite of his repeated allegation that the "members of *Shura al-Atibba* had no intention but to improve the [health] establishment, and they have no other ulterior motives in performing their duties,"¹⁰⁴ the Turkish-speaking members of the bureaucracy saw the Shura as a new powerful and prestigious government body that had the backing of Mehmed Ali and which they were barred from entering owing to their lack of Arabic or French. In addition, the *ʿulema*, the religious scholars, rightly realized that they had no home territory on Mehmed Ali's new social map: they had previously been hit hard when the pasha put their religious endowments (*awqaf*) under tight government control; the educational reform program that the pasha started had no place for al-Azhar in it; the modern legal structure was gradually replacing Islamic law (the *shariʿa*) with an amalgam of Ottoman and European codes that they could not master; and finally the new medical institution was challenging what remained of their position in society especially as regards the performance of rituals relating to death. As far as the population at large was concerned, the modern medical establishment was seen as authorizing interference in people's daily lives in unprecedented ways. For what rural as well as urban folk saw was a powerful institution that through such practices as registering newborns, vaccination, quarantines, and autopsies controlled and manipulated their bodies in unprecedented ways.

It was these considerations, informed by linguistic, religious, and class tensions, that triggered the opposition to Clot Bey's new medical establishment. With regard to the School of Midwives the opposition was more fierce because tensions related to gender and race were added.¹⁰⁵ It follows, therefore, that although the resistance to the new roles that these women were undertaking was sometimes couched in religious language, as will be seen below, the school and its students were often (and rightly) seen as part of a larger establishment that faced opposition for reasons that had little to do with Islam. Similarly, although their gender might have been the reason for some difficulties that the *hakimas* were encountering in their daily jobs, other considerations also often played a role in making their lives less than pleasant, as the following examples illustrate.

In November 1877, a middle-aged woman, Zahra bint Sayyid Ahmad, died suddenly.¹⁰⁶ Her son-in-law, Muhammad ʿAbd al-Rahman, was initially suspected of having caused her death when it was rumored in the neighborhood that he was seen beating her hard in the stomach when she interfered in a

dispute between him and his wife. Muhammad was therefore arrested by the head of the neighborhood, the *shaykh al-hara*, and detained in the prison (*karakol*) of Muski in northern Cairo. The *hakima* of the quarter, Amna by name, was summoned to give her verdict on the case and reported that she found no evidence of homicide, that death had been caused by intestinal problems, and that if the relatives of the deceased were still suspicious, they should send the body to Qasr al-'Aini Hospital for autopsy by a coroner. When Zahra's son, Muhammad the cobbler, heard this, he was frightened and accepted her verdict; he dropped charges against his brother-in-law (*fa min khawfihi min dhalika iqtana'a bi-kashfiha*), and so the main suspect, the son-in-law, was released. However, soon afterward the son became suspicious again, went to the Zabtiyya, and requested an autopsy. This time a male coroner conducted it after the body had been exhumed. His report concluded that the woman had been beaten. The detailed report noted that the woman had been living on one lung, that it was obvious that serious concussions had been caused to the liver, and that the ninth rib was found broken. It ended with conclusive evidence that this was not a case of natural death, giving the cause of death as "external pressure on the healthy right lung, which was the only lung that was suitable for respiration and oxygenating the blood. This pressure caused a temporary halt in breathing, . . . added to the damage caused to the liver [as a result of the concussion], death occurred."

Soon afterward, however, the deceased's son and his sister (the accused man's wife) decided to drop the charges and claimed that their mother had been ill for some time and that her death was ordained by God (*bi'l-qada' wa'l-qadar*). They requested that all charges against Muhammad 'Abd al-Rahman be dropped. The Zabtiyya would not accept their request. Relying on the neighbors' testimony that they had seen the woman being beaten (although it was never ascertained that she had been), they decided to charge Muhammad 'Abd al-Rahman with murder. This accusation was also based on the Qasr al-'Aini autopsy report, which contradicted Amna's written testimony and thus implicitly questioned her competence. Amna's position was not improved by the allegation of the deceased woman's son that he had changed his mind about asking for an autopsy because she had confused him: on the one hand, telling him that there was no reason to be suspicious, and on the other, telling him that to confirm that the death was due to natural causes, he had to send the body to Qasr al-'Aini.

When the case was forwarded to the Cairo Court of First Instance (*Majlis Ibtida'i Masr*), the *hakima* denied ever having told him this. The trial centered not only on the question of whether or not Muhammad 'Abd al-Rahman was guilty, but on Amna's performance and her competence. A special committee was formed of two senior male physicians to review the report she had written. Probably realizing that it was their own medical establishment and not only Amna's competence that was being questioned, they backed Amna's report.

saying that they found nothing wrong in it. They also backed her in her denial of having given conflicting messages to the deceased's son. Nevertheless, they said that she had deviated from their own regulations, which stipulated that at the slightest suspicion, the opinion of a second *hakima* should be sought. Accordingly, the court found Amna guilty of slight negligence (though not incompetence) and sentenced her to ten days' detention, which, however, was commuted and changed to a deduction in pay.

The case did not stop at that, however. Muhammad 'Abd al-Rahman appealed the verdict (he had been found guilty and sentenced to one year in the Alexandria prison, the infamous Liman). The Court of Appeal (*Majlis Isti'naf Masr*) sentenced Amna to one month in the women's prison in Bulaq. Muhammad, on the other hand, rather than having his sentence commuted, was sentenced to two years in the Liman. This time it was Amna's turn to appeal, saying that she preferred the verdict of the Court of First Instance. The Supreme Court (*Majlis al-Ahkam*) accepted the appeal and on reviewing the whole case rejected the verdict of the Court of Appeal: Muhammad 'Abd al-Rahman was sentenced to one year (which by that time he had already spent in jail and so was released), and Amna was to be investigated by the Health Council.¹⁰⁷

What is interesting about this case is how the *hakima* and her testimony became the subject of conflicting opinions and positions taken up by different people regarding modern medicine, health officials, and the state at large. Consider, for example, the wavering attitude manifested by Muhammad the cobbler (the deceased woman's son) regarding the order that his mother's body be sent to the hospital for autopsy. Naturally, this was a difficult decision, especially since the body had already been buried and since autopsy in this case meant exhuming it, raising many confusing, stressful, and conflicting opinions and emotions. In addition, the person he was accusing was no stranger to him; he was his brother-in-law. (As detailed as this particular case was, it does not offer many insights into the nature of the relationship between the two men, except to hint that they were not particularly fond of each other.) The familial connection might explain why he dropped the charges in the end. The family, coming together, might have decided that this was, after all, a family matter, and that the government had no business meddling in a private affair. Obviously, the authorities would not accept this decision. Frustrated at his wavering, the Zabtiyya asked Muhammad the cobbler why he had not ordered an autopsy from the beginning. In answering this rather important question, he could find no one more vulnerable to blame than Amna. She was subsequently cleared, but this verdict constituted the weakest link in this complicated case. What was being tried here, as much as Muhammad 'Abd al-Rahman, was the young *hakima*'s competence and her ability to ascertain adequately the causes of death. Equally important was the position taken by the senior doctors summoned to give their opinion on Amna's testimony. While finding her guilty of

slight negligence, they were not willing to blame her alone for what had happened, and were satisfied to point out that her mistake was that she had deviated from their *own* regulations mandating a second opinion. The final verdict was therefore much to their liking, for they preferred an internal investigation to one whereby other departments of the government would judge their competence and credibility.

This is not the only case in which the testimony of a *hakima* was challenged. When in 1857, for example, a woman by the name of Fattuma bint 'Ali 'Ubayd died, the *hakimas* of the Zabtiyya declared that she had been murdered. Their verdict had to be seconded by the male physicians in Qasr al-'Aini Hospital. They refuted the *hakimas'* findings and declared that the women must have been confused by the postmortem petrification of the body. Given the body's condition, they explained, the *hakimas* could not have been able to ascertain the cause of death. The senior doctors had to defend their own position, however, lest someone in the legal establishment reviewing the case level accusations against the whole institution of modern medicine, which through postmortems and autopsies was increasingly interfering in the process of criminal investigations. The male doctors had to add, therefore, that these women doctors had not been trained properly in practical sciences. Obviously, it was the verdict of these higher-ranking male doctors that was to be accepted in cases of conflict.¹⁰⁸ Eventually this inferior position of the women doctors was explicitly pronounced in an order in 1879 stating that postmortems were to be conducted first in the *tumn* (the quarter). If the results were inconclusive, the opinion of the doctors in the Cairo Police Headquarters (the Zabtiyya) was to overrule them; then finally if there was still ambiguity in the medical verdict, the case had to be checked by the all-male staff of Qasr al-'Aini.¹⁰⁹

Thus these women doctors found themselves occupying the lowest positions in the newly founded medical establishment. While they had occupied marginal places in society before—in their previous lives, as it were—now this marginality, this tangential position that used to accommodate them, albeit with unease and often with hostility, was replaced by one in which they were rigidly and *institutionally* placed at the bottom of the deck. Above them was a rigid, hierarchical establishment that itself was not homogenous. At the head of that hierarchy was the Frenchman Clot Bey and, after his departure, other European physicians. Below this European tier were the young Arabic-speaking doctors (*hukama' awlad 'Arab*) who had been educated in Qasr al-'Aini or sent to Europe for their medical education. Below these were the uneducated, often illiterate, Arabic-speaking orderlies who were employed by the government and appointed to man the clinics and other health establishments in the capital. And at the very bottom and below all of these men were the women doctors. In spite of having received modern education and in spite of the importance of the tasks that they performed, they still occupied the lowest rung

in this new establishment and in times of dispute were the ones who consistently lost out.

An example might help illustrate this point further. As mentioned above, there were not enough women doctors to keep up with the pressure of the job, especially with regard to the conducting of postmortems. The shortage was exacerbated in times of epidemics or when one of these *hakimas* fell ill and her tasks had to be shared by the *hakimas* of the nearest quarter. This was especially problematic in the case of the two farthest quarters, namely, Old Cairo in the south and Bulaq in the north. In this case it usually took much longer for the replacement to arrive, causing delays in burials and inciting the opposition of the religious scholars. These *'ulema* complained, saying that the *hakimas*' failure to perform their jobs properly was resulting in violations of the Islamic principle of prompt burial.¹¹⁰ In their opposition to the new health establishment the *'ulema*, already weakened by the reforms that Mehmed Ali and his successors had been introducing in Egypt, did not dare voice their opposition publicly; they also would not dare attack Clot Bey or any of his assistants openly. They could, however, be safe in accusing the women doctors of being slow and inefficient, and of preventing religious rituals from being properly performed. Again it was the precarious position of the *hakimas* in the newly founded medical establishment that allowed the *'ulema* to do so.

Faced with opposition from various quarters and at the same time expected to perform an inordinate amount of work, some of these *hakimas* occasionally undertook acts of resistance. While not grand or heroic, often taking the form of complaints about the treatment they were getting and the heavy load they were expected to carry, these resistances nevertheless show that the *hakimas* were not the docile, mute objects the authorities might have taken them to be. In 1859, for example, Zaynab bint Muhammad was appointed as *hakima* of the city of Damamhur in the Delta. Her duties were similar to those of her colleagues in Cairo: vaccination, postmortems, registering the midwives, and the like. One day she was asked to assist in a difficult delivery involving a woman living in a small village two hours away from Damamhur who had been in labor for a week. The *hakima* refused, and eventually the pregnant woman died in labor. Zaynab said that she was not responsible for checking cases all over the province. She added that she had been requested to do so before and had incurred a lot of expenses since the government had repeatedly refused to give her a transportation allowance. She added that in this particular case she had not refused to go on principle; but she had repeated her earlier requests that she be given a transportation allowance, have two guards appointed to accompany her on her long and hazardous trip, and, given that it was an especially difficult case, have a medical tool kit sent to her. It was only after her requests had been turned down, she argued, that she decided not to go. The Health Council heard her case but did not accept her reasoning and found her guilty of negligence. She was sentenced initially to two months' imprisonment. Soon the council discovered that they could not afford to lose her services, so they

decided to substitute a deduction of half her salary in place of the imprisonment. However, before they did so, they checked her previous records and discovered that this was not the first time she had refused to go out of the town for medical calls. Accordingly, it was decided that as punishment she should be sent back to the School of Midwives as a student for a year. When she appealed this ruling before the Supreme Court, the *Majlis al-Ahkam*, she not only failed to overturn the verdict of the Health Council but was expelled from service altogether.¹¹¹

MAIDENS, HAKIMAS, AND THEIR HUSBANDS

The evidence reviewed so far regarding the *hakimas*, their background, their training, their duties, and their position within the medical establishment is far from being an unambiguous indication of the larger picture of women in society. If the School of Midwives is to be taken as a typical example of the "modernization" efforts that Egypt witnessed in the nineteenth century, then the record certainly looks complicated. On the one hand, we see the government grabbing some African slaves and orphaned girls, offering them an opportunity to receive a free education in medical science, giving them a regular salary, and even awarding them a military rank within the expanding and prestigious bureaucracy. Yet, at the same time, these women found themselves enmeshed institutionally in a rigid hierarchical structure in which they were allocated the lowest positions. They were also soon to realize that they were often the targets of fierce opposition aimed strategically at the medical establishment that they were part of; they, as the most vulnerable component in this new controversial structure, were the easiest to attack. They attempted to stave off opposition from different sectors of society, but often to no avail.

The most obvious example of the ambiguous nature of the School of Midwives and how it was often used to control, rather than emancipate, women concerns a particular task that its graduates were expected to perform in the urban health clinics and the police stations as part of their routine work: namely, checking the virginity of young maidens roaming the streets after escaping from their homes.

Take the case of a poverty-stricken woman by the name of Sabha who sought help from a friend of hers, Hasna. The latter promised that she would introduce Sabha to her daughter, and together they would open a brothel (*karakhana*), "and you would be great and in perfect shape" (*'azima wa fi ghayet al-sihha*). Sabha agreed to the proposal, and on a certain Friday after her father had left the house, she escaped and went to see Hasna, as promised. Her father, however, soon found her unconscious in a tavern (*khammara*) and asked her if she was still a maiden; she answered yes. He did not believe her, though, and took her to the police station where she was checked by the female doctor and was found to have lost her virginity.¹¹² Another case involved a twenty-

year-old woman called Sayyida who was living with her parents in Gammaliyya in northern Cairo. Her parents had repeatedly turned away her suitors, always asking for a better dowry. Fed up with them, she finally decided to leave the house and seized the opportunity of a quarrel between her parents to secretly seek refuge at some friends' house. There she had sex with their eighteen-year-old son, Hassanein. A couple of days later, her uncle, who happened to be passing by and who knew that his niece had gone missing from her parents' house, found her. He dragged her to the police station of the Gammaliyya quarter to be checked. The *hakima* of the clinic of Gammaliyya could not establish whether Sayyida was a virgin, and the *hakima* residing in the Zabtiyya, the General Cairo Police Headquarters in Azbakiyya, had to be fetched. She declared that the girl was not a maiden (*sayyib*, i.e., *thayyib* = deflowered). In spite of the fact that both Sayyida and Hassanein later agreed to get married, the Zabtiyya still insisted on forwarding the case to a court for trial.¹¹³

Another case involved a woman called Hafiza who was employed by a certain Ahmad Mahmud, a stoker by profession, to sift wheat in his house. While she was attending to her business in the courtyard of his house, he attacked and raped her. Terrified, she went to the police station, where the *hakima* there had her examined and found her "hymen removed a long time ago and [the girl previously] used" (*wa ghisha al-bikara minzal min mudda qadima wa musta'mala*). When they summoned Ahmad, he first denied the charges completely. Then later he admitted that he had slept with Hafiza, but insisted that she had agreed to go along with what he did and that he had not forced her. When Hafiza was confronted with Ahmad's testimony, she admitted that he had not forced her and that she had agreed to go along with him because she had wanted to marry him. Although the religious personal status court, the *mahkama shar'iyya*, pardoned the couple since Hafiza was willing to drop the charges, the Zabtiyya decided to move the case to the Supreme Court, the *Majlis al-Ahkam*.¹¹⁴ In another case a woman by the name of 'Ayda employed as a domestic servant in the house of a leading pasha fled the house without giving notice. When she was found, she was sent to the police station, where she was checked by the *hakima* and found deflowered (*sayyib*). She testified that she had lost her virginity to a certain Muhammad Abu al-'Ila, who had drugged and then raped her. She said, however, that she had visited him twice since then. The religious court which initially reviewed this case decided that it was a clear case of adultery and sentenced the couple to severe corporal punishment, *ta'zir*. The Supreme Court, to which the case was forwarded, however, decided to sentence 'Ayda to six months in the women's prison, the *iplikhane*, and Abu al-'Ila to six months' hard labor.¹¹⁵ A more telling case involved a woman, Gazia, who fell in love with a certain Hassan, but her father refused to allow them to marry. She eloped and went to stay with him at the house of a woman named Um al-Rizq. There they had sex and then attempted to get married without Gazia's father's knowledge. Her father had reported her

missing, however, and the government had appointed a detective/spy (*bassas*), who did find her. She was sent to the Zabtiyya where she was first examined by the *hakima* of the Bulaq clinic and then by the *hakima* of the Zabtiyya itself. Both *hakimas* found her "*sayyib*" (deflowered). Both Gazia and Hassan stated their request to get married, though, and the father finally agreed after testifying in a religious court that he would accept the *shari'a*-stated compensation, a suitable "bride-money" (*mahr al-mithl*). But the secular, civil authorities, in this case the Zabtiyya, said that although the case was concluded as far as the *shari'a* was concerned, both Gazia and Hassan, as well as Um Al-Rizq who had given them refuge, were still to be charged according to *al-siyasa*, a term that by that time referred to secular laws.¹¹⁰

What these cases show is that instead of liberating women, the state was beginning to police female "decency" and sexuality, taking over these functions from fathers, brothers, and families. In addition, the period witnessed a conflation of private morality with public security. Prior to Mehmed Ali's "reforms," a father searching for his missing daughter or a master looking for a domestic servant was responsible for finding the woman himself. Urban security had never been a private matter, it is true, but the various Egyptian governments prior to the nineteenth century had never had a municipal body that could impose security and maintain it so thoroughly as did Mehmed Ali. The creation of these municipal agencies in the second quarter of the nineteenth century in Cairo represents a new conception of the city as a corporate entity whose integrity and security were to be protected. Hence the peace and security that were being defended were not only those of the parties concerned; as we saw, even after parties agreed to drop charges, a case would not necessarily be dismissed. It was the city itself that was being defended, and it was the security of urban life per se that was at stake. A girl's loss of her virginity was no longer a private matter. It also ceased to be looked upon as a solely religious matter. It was an act that undermined the authority of the state and its ability to maintain urban security. The employment of the *hakimas* in the police stations—where they were entrusted, among other things, with checking the virginity of girls who had been found after going missing—was a novel encroachment on people's lives. This kind of control over women's bodies and their sexualities was unprecedented and was made possible through the agency not only of the spies and police officers but also of these *hakimas*, who had acquired their education in the School of Midwives.

The most obvious example of how these women found themselves and their bodies at the very bottom of the medical pecking order was in the matter of their own marriages, which the all-embracing bureaucracy of Mehmed Ali attempted to arrange. The *hakimas* were not permitted to leave the school until they found a suitable husband from among the Egyptian doctors. The aim of this policy was to cut down on expenses, since the couple in this case would live together, saving the government the cost of a lodgings allowance for the married *hakima*.¹¹¹ Again we see the contradictions in the authorities' logic: on

the one hand, they were recruiting women, educating them, and giving them a regular salary and a respectable rank. At the same time, they assumed a paternalistic attitude toward them: first, in allowing them to leave the school only when they married, and second, in finding husbands for them.¹¹⁸

Of course, and in true paternalistic fashion, the girls were supposedly given the right to approve the marriage themselves, and the authorities had to "investigate [the suitor's] situation thoroughly in case he was already married and only proposing [to marry one of these *hakimas*] with an eye on her money."¹¹⁹ In practice, however, things were different, and the *hakimas* occasionally complained of the husbands that had been chosen for them. There is the case of Amna bint Muhammad, for example, who, after finishing her course of study at the school, was given the rank of second lieutenant, with a monthly salary of 250 piasters. She was soon married off to 'Ali Efendi Gibril, given a dowry of 500 piasters (ostensibly by the Shura itself), and sent off to work in Damietta with him. They lived together for three years, both performing their jobs efficiently and receiving the praise of their superiors. Then one day Amna came to the Shura in Cairo and presented a petition for divorce, saying that she could not get along with her husband, that he was rude and rough with her, and that he took all her money. In addition, he had been sleeping regularly with a black slave whom he did not own and, as if this were not enough, he had remarried a woman to whom he had been married before marrying Amna. The Shura ordered the husband to report to Cairo for investigation.¹²⁰

When 'Ali reported to the Shura in Cairo, he was reunited with his wife in the presence of Clot Bey in the Shura headquarters. After two days of negotiations, the problem was resolved in the following manner. First, 'Ali was to divorce the wife he had remarried and get rid of the black slave "since the whole dispute was caused by their constant chattering." Second, Amna herself was ordered to leave her mother's house in Cairo, where her sister was also living and where she had sought refuge after she could no longer endure living with her husband. The Shura justified asking her to leave her mother's home by saying that both her mother and her sister had helped to turn her against her husband. Third, and for similar reasons, 'Ali was to tell his brother, who had come to live with him in Damietta, to leave for Cairo. Fourth, 'Ali was to desist from taking all his wife's salary and was to be allowed to take only half of it. "The other half she is to do with as she pleases."¹²¹

As the case of Amna illustrates, the record of the School of Midwives shows the complexities that accompanied the introduction of "modern" institutions in nineteenth-century Egypt and characterized the "project of modernity" at large. On the one hand, one can clearly see how the school helped the girls who joined it by turning them into *hakimas* and thus saved them from a worse fate: they were picked from the streets, educated, cared for, and given a regular salary and lodgings during their stay in the school. On graduation, they were

given an even higher salary and assigned to various places not only in Cairo but also in the provinces, where they were entrusted with important and arguably prestigious tasks. They were thus offered free education, economic power, mobility, and an enviable social status—in short, they received all the benefits that scholars of modernity and modernization programs represent as accruing to women under such programs. Yet as we have seen, these women found themselves strongly enmeshed in a hierarchical system in which they occupied the lowest positions. When disputes arose, as they often did, these women wrote petitions, protested against what they considered an unjust system, and often complained of their interior positions in the new medical structure. Nevertheless, they found themselves and their bodies tightly controlled and had no one to turn to except their families and friends. They soon realized that the school was at once both an agent of discipline and regulation and an “enlightening” and even “empowering” institution. In short, while it is clear that the sojourn of the *hakimas* in the school and their subsequent jobs had given them the opportunity to become empowered, emancipated actors, and even in some cases strong-willed subjects capable of undertaking small acts of resistance, they were also clearly aware that they were intentionally used by the state as agents of discipline and regulation. In addition, they realized that their own bodies were rigidly controlled and vigilantly watched. It is this paradoxical nature of the modern School of Midwives, one of the most illustrious institutions of Mehmed Ali and Clot Bey, that makes one wonder, contemplating Amna's case, if she would have agreed to join the school had she known what her life with ‘Ali Gibril would be like.

NOTE ON THE SOURCES

All of the primary material referred to is from the Egyptian National Archives in Cairo, the *Dar al-Wiṭṭa'iq al-Qawmiyya*. Below is a brief description of those that were found to be most useful and the codes used to refer to them.

Registers of the Health Council, the Shura: Referred to by the Code S/3

They are of two kinds:

Outgoing (Sadr)—code: “S/3/122.” These are nine registers of around 800–900 letters each, all covering the period between A.H. 1261 and 1278, i.e., A.D. 1845–1861. The letters were addressed mainly to three departments: the Schools Department (for such matters as medical checkups on students in the government schools, reports on exams taken by various medical students, appointments of doctors and pharmacists to the different schools); the *Diwan Khidwi*, i.e., Department of Civil Affairs (for matters concerning civilian hospitals, sanitary regulations, and criminal investiga-

tions, e.g., postmortems, etc.); and the War Department itself (for matters concerning military hospitals including Qasr al-'Aini, appointment of doctors and pharmacists to various regiments, etc.).

Incoming (Ward)—code: "S/3/206." These are six registers covering the same period and offering the other side of the correspondence, although the documents are only summaries of the letters actually received.

Registers of the Department of Civil Affairs: Referred to as L/1

This department had various names: first *Diwan al-Khudiwa*, then *Diwan Katkhoda*, then *Diwan Muhafazat Masr*. These registers number 178 of around 500 letters each and cover the period between A.H. 1271 and 1296, i.e., A.D. 1854 to 1878. They are also extremely useful, since they include correspondence among various government agencies concerned with civilian medicine, especially urban sanitation, and the Civilian Hospital in Azbakiyya, which is where the School of Midwives was located.

Registers of the Department of Health Inspection of Cairo, Referred to by the Code M/5

This is called in Arabic *Tuḥḥat al-Mahrusa*. They have sixteen registers covering the period between A.H. 1266 and 1297, i.e., A.D. 1849 to 1878, with considerable gaps, unfortunately. This contains valuable information regarding the ten "Health Offices" that were established in the various "arrondissements" (*tamns*) of Cairo, vaccination against smallpox, female doctors, street accidents, and urban sanitation.

Registers of the Cairo Police Department, Zabtiyyat Masr, Referred to by the Code L/2/6

These are numerous, but the relevant ones seem to be those subtitled *Qalam Da'awa* i.e., Unit of [Investigation of] Cases. These are fourteen registers covering the period from A.H. 1294 to 1297, i.e., from A.D. July 1877 to December 1879. These are also very valuable, since they occasionally record cases of murder or suspected murder, so by necessity report postmortems.

Registers of the Supreme Court, Majlis al-Ahkam, Referred to by the Code S/7/10

These are a total of 318 registers covering the period from A.H. 1274 to 1306, i.e., A.D. 1857 to 1889. These were some of the most informative records of the legal system, as they belong to a Court that was considered the highest in the land. Its records deal with criminal, commercial, and administrative cases. Numerous cases concerning medical malpractice as well as administrative disputes within the medical establishment were dealt with by that body.

*The Records of the Syrian Campaign,
Referred to as "Sham"*

These are fifty-nine boxes in all, containing invaluable information about the campaign (1831–40), including all medical matters, e.g., accounts of medical checkups in the various regiments, condition of the field hospitals in Syria, and so forth.

NOTES

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1. F. M. Sandwith, "The History of Kasr-el-Ainy," *Records of the Egyptian Government School of Medicine* 1 (1901): 11.

2. Al-Shayyal lists fifty-six books in medical and veterinary science that were translated during Mehmed Ali's reign alone; these were exceeded in number only by military books (sixty-four). Jamal al-Din al-Shayyal, *Tarikh al-tarjama wa'l-haya al-thaqafiyya fi 'asr Muhammad 'Ali* (Cairo: n.p., 1951), p. 38 of the appendix.

3. LaVerne Kuhnke, *Lives at Risk: Public Health in Nineteenth Century Egypt* (Berkeley and Los Angeles: University of California Press, 1990), p. 123.

4. *Ibid.*, p. 122.

5. See, for example, Jean Towler and Joan Bramall, *Midwives in History and Society* (London: Croom Helm, 1986), pp. 99–146, and Jean Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth* (London: Historical Publications, 1988), pp. 72–93.

6. Sir William Robert Wilde, *A Narrative of a Voyage to Medeira, Teneriffe, and along the Shores of the Mediterranean* (Dublin, 1844), pp. 234–35.

7. Victor Schoelcher, *L'Egypte en 1845* (Paris, 1846), pp. 44–45.

8. Amira el-Azhary Sonbol, *The Creation of a Medical Profession in Egypt, 1800–1922* (New York: Syracuse University Press, 1991), p. 45.

9. Leila Ahmed, *Women and Gender in Islam* (New Haven: Yale University Press, 1992), p. 135.

10. Nada Tomiche, "The Situation of Egyptian Women in the First Half of the Nineteenth Century," in *Beginnings of Modernization in the Middle East*, ed. William R.

Polk and Richard L. Chambers (Chicago: University of Chicago Press, 1968), pp. 183–84.

11. A.W.C. Lindsay, *Letters from Egypt, Edom, and the Holy Land* (London: Henry Colborn, 1838), 1:34.

12. For a discussion of how Mehmed Ali staged the encounter with foreign visitors, see Khaled Fahmy, *All the Pasha's Men: Mehmed Ali, His Army and the Founding of Modern Egypt* (Cambridge: Cambridge University Press, 1997), pp. 1–8.

13. John Bowring, "Report on Egypt and Candia," *Parliamentary Papers, Reports from Commissioners* 21 (1840): 146.

14. S/3/122/2 (Jihadiyya no. 437), doc. no. 389, p. 163, on 25 Jamadi al-Awwal 1263/November 11, 1846.

15. L/1/5/1 (Muhafazat Masr), doc. no. 9, pp. 17, 32, on 16 Rabi' al-Awwal 1276/October 23, 1859.

16. S/3/122/2 (Jihadiyya no. 437), doc. no. 46, p. 49, on 29 Dhu al-Qi'da 1262/November 18, 1846.

17. Wilde, *A Narrative of a Voyage*, pp. 234–35.

18. Even in his own time the pasha had a reputation for giving too many interviews and making too many announcements: see the Austrian internuncio's remark that "the pasha has not always the virtue of silence and simulation," quoted in M. Sabri, *L'empire égyptien sous Mohamed-Ali et la question d'Orient (1811–1849)* (Paris: Paul Geuthner, 1930), p. 142.

19. Bowring, "Report on Egypt and Candia," p. 146.

20. Ahmad al-Rashidi, trans., *Diya' al-nayyerin fi mudawat al-'aynayn* (Cairo: Bulaq, 1840), pp. 3–4.

21. Ahmad al-Rashidi, trans., *Kitab al-wilada* (Cairo: Bulaq, 1842).

22. See Henry Dodwell, *The Founder of Modern Egypt* (Cambridge: Cambridge University Press, 1931), where this idea runs throughout the book and is mentioned explicitly in the conclusion.

23. See, for example, Édouard Driault, *Mohamed Ali et Napoleon (1807–1814)* (Cairo: Royal Egyptian Geographic Society, 1825).

24. The latest example is Afaf Lutfi al-Sayyid Marsot, *Egypt in the Reign of Muhammad Ali* (Cambridge: Cambridge University Press, 1984).

25. Ahmad 'Izzat 'Abdel-Karim, *Tarikh al-ta'lim fi 'asr Muhammad 'Ali* (Cairo: al-Nahda al-Misriyya, 1938), p. 266.

26. Sonbol, *Creation of a Medical Profession*, p. 21.

27. For a brief review of the history of these two epidemics in Egypt in the early nineteenth century, see Kuhnke, *Lives at Risk*, pp. 49–57, 75–78.

28. For Mehmed Ali's concern about the insufficiency of Egypt's manpower to satisfy his military needs, see Fahmy, *All the Pasha's Men*, pp. 50, 92.

29. Kuhnke, *Lives at Risk*, p. 129.

30. Daniel Panzac, "The Population of Egypt in the Nineteenth Century," *Asian and African Studies* 21 (1987): 18.

31. Amin Sami, *Taqwim al-Nil* (Cairo: Dar al-Kutub, 1928), 2:278, letter dated 5 Jamadi al-Awwal 1234/March 2, 1819.

32. S/1/50/5 (Ma'iyya Saniyya, Turki, no. 14), doc. no. 413, and Katkhoda 1/101, both on 26 Dhu al-Qi'da 1239/July 24, 1824. Each was given a monthly salary of five

hundred piasters (around £5): *ibid.*, doc. no. 419 on 29 Dhu al-Qi'da 1239/July 27, 1824.

33. S/1/47/7 (Ma'iyya Saniyya, Turki, no. 17), doc. no. 216, on 27 Muharram 1241/September 12, 1825.

34. In his *Memoires* Clot Bey claims that thanks only to him vaccination was introduced in Egypt. It is obvious from the above-mentioned accounts that this was not the case: Antoine-Barthélemy Clot, *Memoires*, ed. Jacques Tagher (Cairo: I.F.A.O., 1949), p. 157.

35. Kuhnke, *Lives at Risk*, p. 123. Clot was given the honorific title of "Bey" in 1832 after he managed to control the cholera epidemic of that year.

36. This is the famous "public dancer" immortalized by Flaubert in his travel notes on Egypt: see Gustave Flaubert, *Flaubert in Egypt, a Sensibility on Tour*, ed. and trans. Francis Steegmuller (Chicago: Academy Chicago Press, 1979), pp. 113–20.

37. These were female impersonators who often danced in the streets, before houses, and in the courtyards of certain mansions on various occasions; Edward W. Lane, *An Account of the Manners and Customs of the Modern Egyptians* (London: Ward, Lock, 1890), pp. 351, 467.

38. A. B. Clot Bey, *Aperçu général sur l'Égypte* (Paris: Fortin, Masson, 1840), 1:336.

39. James Augustus St. John, *Egypt and Mohammed-Ali* (London: Longman, 1834), 2:176.

40. *Ibid.*, p. 265.

41. On the first major outbreak of syphilis in Europe toward the end of the fifteenth century and its connection to Italian wars of 1494–1559, see William McNeill, *Plagues and Peoples* (New York: Doubleday, 1977), p. 193; and on the spread of syphilis by Napoleon's armies, see John Elting, *Swords around a Throne: Napoleon's Grande Armée* (London: Macmillan, 1988), pp. 294 ff.

42. *Al-Waqa'i' al-Misriyya*, no. 334, on December 29, 1831, quoted in Kuhnke, *Lives at Risk*, p. 135.

43. See Sham 1/27, on 20 Jamadi al-Thani 1247/November 26, 1831, on patients being sent to the Abu-Za'bal Hospital; and Sham 2/54, on 7 Rajab 1247/December 12, 1831; and Sham 2/88, on 23 Rajab 1247/December 28, 1831, on their being sent to the hospital in Alexandria. In all these cases patients were transported by ship.

44. Sham 3/101, on 10 Sha'ban 1247/14 January 1832.

45. S/5/51/2 (Sijillat 'Abdin), doc. no. 62, on 30 Shawwal 1247/April 1, 1832.

46. For examples of these preprinted reports, see Sham 7/78, on 11 Muharram 1248/June 11, 1832, and Sham 10/150, on 17 Rabi' al-Awwal 1248/August 14, 1832.

47. A. B. Clot Bey, *Risala min Mashurat al-Sihha ila hukama' al-Jihadiyya* (A treatise from the Health Council to the physicians of the army) (Cauro: Matba'at Diwan al-Jihadiyya, 1835).

48. *Qanun al-dakhiliyya* (Regulations for barracks and camps) (Cairo: Matba'at Diwan al-Jihadiyya, A.H. 1250/A.D. 1834–35), art. 273, p. 52.

49. S/1/48/4 (Ma'iyya Saniyya, Turki), doc. no. 594 on 20 Jamadi al-Awwal 1250/September 24, 1834. This was a case of two European officers, a pharmacist and a cartographer, who had "a dancer and a singer" in their tents at night. The pasha's

language in this letter is particularly harsh and categorical in forbidding prostitutes to live near army camps.

50. Awamir lil Jihadiyya 1/10, on 6 Safar 1246/July 27, 1830. This was a case of a certain Osman Agha who had taken a twenty-four-hour leave but came back five days later. When the matter was investigated, he was discovered to have spent his time in a brothel. He was expelled from service altogether.

51. Judith Tucker, *Women in Nineteenth-Century Egypt* (Cambridge: Cambridge University Press, 1985), p. 136.

52. Sham 1/27, on 4 Jamadī al-Thani 1247/November 10, 1831.

53. Bowring, "Report on Egypt and Candia," p. 6.

54. Michael Lewis, *The Social History of the Navy* (London: George Allen and Unwin, 1960), p. 282.

55. Clot Bey, *Risala*, sec. 2, art. 1, p. 6.

56. *Ibid.*, art. 4, p. 6.

57. S/3/122/2 (Jihadiyya no. 437), doc. no. 189, p. 182, on 17 Jamadī al-Awwal 1263/June 2, 1847.

58. *Ibid.*, doc. no. 212, p. 195, on 4 Rajab 1263/July 18, 1847.

59. *Ibid.*, doc. no. 143, p. 169, on 7 Jamadī al-Thani 1263/May 23, 1847.

60. Filib Jallad, ed., *Qamus al-idara wa al-qada'* (Dictionary of administration and justice) (Alexandria, 1890-92), 3:1217, Ministry of Interior Ordinance dated November 11, 1882.

61. M/1/1 (Dirwan Isbitalia no. 431), doc. no. 82, p. 18, on 15 Shawwal 1260/November 11, 1844.

62. On Mehmed Ali's reluctance to spread primary education, see Fahmy, *All the Pasha's Men*, pp. 282-83.

63. She was punished with two hundred lashes of the whip: S/6/2/1 (al-Jam'iyya al-Haqaniyya), doc. no. 5, p. 52, on 7 Shawwal 1264/September 6, 1848.

64. Naguib Mahfouz, *The History of Medical Education in Egypt* (Cairo: Government Press, 1935), p. 71.

65. Founded by the Mamluk Sultan al-Mansur Qala'un in 683/1284, this was one of Cairo's chief hospitals that served the urban poor, although it is now believed to have been insufficient for the city's population. For its history and development and ultimate decline in the eighteenth century, see the valuable description by the Turkish traveler Evliya Çelebi in his *Seyahatnamesi*, vol. 10, Mısır, Sudan, Habeş (1672-80), (Istanbul: Devlet Basımevi, 1938), chap. 35, and for the condition of the hospital at the time of the French Expedition, see *Description de l'Égypte*, 2d ed., (Paris, 1822), vol. 18, pt. 2, pp. 318 ff.

66. Clot Bey, *Memoires*, p. 321.

67. Kuhnke, *Lives at Risk*, p. 127.

68. M/1/1 (Dirwan Isbitalia no. 431), doc. no. 195, p. 23, on 27 Shawwal 1260/November 10, 1844; and *ibid.*, doc. no. 182, pp. 40-41, on 16 Dhu al-Hijja 1260/November 27, 1844.

69. S/3/122/5 (Jihadiyya no. 442), doc. no. 30, pp. 46, 48, on 28 Dhu al-Qi'da 1264/October 27, 1848.

70. I could find only a handful of petitions from girls to join the school; the first is from a ten-year-old French girl, called Justine, who was an orphan with no family or

relatives [but] who is healthy and suitable for the school": S/3/122/2 (Jihadiyya no. 437), doc. no. 66, p. 58, on 21 Dhu al-Hijja 1262/December 11, 1846. See also the case of the girl called Nafisa who was healthy and literate and who requested to join of her own free will: *ibid.*, doc. no. 216, p. 195, on 8 Rajab 1263/June 22, 1847.

71. S/3/122/8 (Jihadiyya no. 450), doc. no. 1, p. 2, on 22 Safar 1276/September 21, 1859.

72. S/11/8/4 (al-Majlis al-Khususi no. 66) decree no. 16, pp. 14–15, on 18 Dhu al-Hijja 1279/June 6, 1863.

73. Sandwith, "History of Kasr-el-Ainy," p. 18.

74. See her account of her trip to, and stay in, Egypt in *Souvenirs d'une fille du peuple, ou la Saint-simonienne en Egypte* (Paris: François Maspero, 1978).

75. M/1/1 (Dirwan Isbitalia no. 431), doc. no. 105, p. 23, on 27 Shawwal 1260/November 10, 1844. It is not clear why al-Nahrawi was chosen for the job. He was not in charge of obstetrics in Qasr al-'Aini School; rather, the school's chief of obstetrics was Ahmad al-Rashidi, whom we have met earlier (see nn. 20 and 21 above), and who had published a book on the subject, *Bahjat al-ru'sa 'ji amrad al-nisa'* (Cairo: Bulaq, 1844). Al-Nahrawi, on the other hand, had translated a book on general anatomy, *Al-tashrih al-'am* (Cairo: Bulaq, 1845). In 1857 he was appointed as chief physician of Minya Province. S/3/122 (Jihadiyya no. 444), doc. no. 75, p. 14, on 23 Sha'ban 1273/April 19, 1857.

76. S/3/122/4 (Jihadiyya no. 440), doc. no. 48, p. 50, on 8 Dhu al-Qi'da 1263/October 18, 1847, and *ibid.*, doc. no. 120, p. 94, on 12 Rabi' al-Awwal 1264/February 17, 1848. On her arrival in Cairo and the exam she administered to the students soon after she assumed her new post, see *ibid.*, doc. no. 87, p. 74, on 26 Muharram 1264/January 4, 1848; and on the dispute about the cost of her lodgings in the Asteria Hotel (probably in Azbakiyya) and who was to pay it, see *ibid.*, doc. no. 129, pp. 101, 106, on 23 Rabi' al-Awwal 1264/February 28, 1848.

77. *Al-Waqat' al-Misriyya*, no. 46, on January 5, 1847, pp. 1–2, quoted in Kuhnke, *Lives at Risk*, p. 128.

78. There are numerous letters concerning this remarkable figure; on her appointment as chief instructor, see S/3/122/9 (Jihadiyya no. 452), doc. no. 235, p. 44, on 26 Dhu al-Qi'da/July 19, 1857, on her competence, see L/1/5/2 (Muhafazat Masr no. 185), doc. no. 15, p. 40, on 16 Rabi' al-Thani 1277/November 1, 1860, and L/1/20/5 (Muhafazat Masr 1043), case no. 24, pp. 137–38, on 8 Shawwal 1277/April 19, 1861.

79. S/11/8/4 (al-Majlis al-Khususi no. 66), decree no. 16, pp. 14–15, on 18 Dhu al-Qi'da 1279/May 6, 1863.

80. L/1/4/1 (Muhafazat Masr), doc. no. 22, p. 68, on 22 Dhu al-Qi'da 1280/March 31, 1864.

81. Kuhnke, *Lives at Risk*, p. 142. Kuhnke's information is all derived from *al-Waqat' i'*.

82. I could find no document stating clearly the number of *dayas*; the following documents, however, might give an idea of their approximate number. The number of *dayas* registered (most probably in Cairo alone) in 1851 was 565: M/5/1 (Taftish Sihhat al-Mahrusa), doc. no. 126, p. 62, on 25 Rabi' al-Thani 1267/February 28, 1851; in 1860 six hundred certificates were printed for the *dayas* in Alexandria: L/1/5/1 (Muhafazat

Masr), doc. no. 7, p. 56, on 21 Jamadi al-Thani 1276/January 16, 1860; in late 1859 there was an order to print four thousand certificates for *dayas* all over Egypt: *ibid.*, doc. no. 38, p. 65, on 3 Jamadi al-Thani 1276/December 28, 1859.

83. Kuhnke, *Lives at Risk*, pp. 129–30.

84. See the explicit regulations issued to one *daya*, Hana' bint Hassan al-Damanhuri, ordering her to report to the *hakima* of the *tumn* of Bab al-Sha'riyya: L/1/5/11 (Muhafazat Masr no. 209), doc. no. 10, p. 37, on 22 Jamadi al-Thani 1286/September 30, 1869. See also the case of a *daya* who not only did not report a difficult, and ultimately fatal, delivery to the relevant *hakima* but violated the law by burying the stillborn baby in the courtyard of the house with the assistance of the baby's father; both were to be punished "according to the regulations": M/5/1 (Taftish Sihhat al-Mahrusa), doc. no. 133, p. 58, on 28 Rabi' al-Thani 1267/March 3, 1851.

85. L/2/31/1, doc. no. 175, p. 124, on 28 Shawwal 1296/October 16, 1879.

86. M/5/1 (Taftish Sihhat al-Mahrusa), doc. no. 20, p. 7, on 16 Dhu al-Hijja 1266/October 19, 1850.

87. There are numerous letters to that effect; see, for example, M/5/1 (Taftish Sihhat al-Mahrusa), doc. no. 191, p. 74, on 11 Jamadi al-Thani 1267/April 13, 1851.

88. Again, there are several letters to that effect; see, for example, L/1/5/1 (Muhafazat Masr), doc. no. 6, p. 27, on 11 Rabi' al-Awwal 1276/September 27, 1860.

89. L/1/5/1 (Muhafazat Masr), doc. no. 38, p. 65, on 3 Jamadi al-Awwal 1276/December 28, 1859. For the wording of one such certificate, see L/1/5/1, doc. no. 12, p. 31, on 23 Rabi' al-Awwal 1276/October 20, 1859.

90. M/5/1 (Taftish Sihhat al-Mahrusa), doc. no. 118, p. 57, on 8 Rabi' al-Thani 1267/February 20, 1851.

91. L/1/5/1 (Muhafazat Masr), doc. no. 24, p. 38, on 6 Rabi' al-Thani 1276/November 2, 1859.

92. L/2/31/1, doc. no. 44, p. 42, on 14 Sha'ban 1296/August 4, 1879.

93. L/2/31/1, doc. no. 96, p. 119, on 29 Shawwal 1296/October 17, 1879.

94. S/3/122/4 (Jihadiyya no. 440), doc. no. 212, p. 218, on 2 Ramadan 1264/August 2, 1848.

95. M/5/1 (Taftish Sihhat al-Mahrusa), doc. no. 4, p. 1, on 11 Dhu al-Qi'da 1266/September 18, 1850.

96. M/4/1 (old number: Taftish al-Sihha no. 165), doc. no. 28, p. 22, on 24 Safar 1266/January 10, 1850.

97. M/5/1 (Taftish Sihhat al-Mahrusa), doc. no. 3, p. 1, on 9 Dhu al-Qi'da 1266/September 16, 1850.

98. S/3/122/2 (Jihadiyya no. 437), doc. no. 150, pp. 72–73, on 12 Muharram 1263/January 1, 1847.

99. *Ibid.*, doc. no. 155, p. 74, on 12 Muharram 1263/January 1, 1847.

100. *Ibid.*, doc. no. 39, p. 38, on 21 Dhu al-Qi'da 1262/October 11, 1846.

101. The documents regarding this matter are numerous; see, for example, S/3/122/2 (Jihadiyya no. 437), doc. no. 51, p. 75, on 11 Muharram 1263/December 30, 1846, concerning the relationship between the Shura and the *Diwan al-Khidiwi*; and S/3/122/4 (Jihadiyya no. 440), doc. no. 23, p. 34, on 3 Dhu al-Qi'da 1263/October 13, 1847, concerning disputes with the Madaris regarding how best to run the Qasr al-'Aini medical school.

102. S/3/122/2 (Jihadiyya no. 437), doc. no. 120, pp. 106–7, on 4 Rabi^ʿ al-Awwal 1263/February 20, 1847.

103. See, for example, the interesting letter in which he was complaining of a report published in the *Waqāʾiʿ* which stated that a cow had given birth in a village in Upper Egypt to a calf with a human head. He said that this report should never have been allowed to be published because of the disturbances it triggered. He explained that as a result of similar tales, both men and women had been accused of bestiality in the past. He also accused the deputy governor of Upper Egypt, who “insofar as he believed such rumors must be demented and out of his mind”: S/3/122/2 (Jihadiyya no. 437), doc. no. 194, p. 182, on 18 Jamadi al-Thani/June 4, 1847.

104. S/3/122/4 (Jihadiyya no. 440), doc. no. 45, p. 44, on 7 Dhu al-Qi^ʿda 1263/November 16, 1847.

105. It should be remembered that the initial group of students were black slaves.

106. L/2/6/2 (Zabtiyyat Masr), case no. 199, pp. 176–78, on 22 Dhu al-Qi^ʿda 1294/November 28, 1877.

107. S/7/10/121 (Majlis al-Ahkam no. 441), case no. 441, on 23 Dhu al-Qi^ʿda 1295/November 19, 1878.

108. S/3/122/6 (Jihadiyya no. 444), doc. no. 133, p. 25, on 28 Dhu al-Qi^ʿda 1273/July 21, 1857.

109. L/2/31/1 (Zabtiyyat Masr), doc. no. 282, p. 67, on 8 Ramadan 1296/August 26, 1879.

110. See the interesting correspondence between the Cairo Police Commissioner, the *Zabit Bey*, and the Shura concerning the complaints from religious men regarding the delays in burials during the cholera epidemic of 1848 and the *hakimas*’ responsibility for this: S/3/122/4 (Jihadiyya no. 440), doc. no. 206, p. 222, on 26 Sha^ʿban 1264/July 28, 1848, from the Shura to *Zabit Bey*; S/3/206/3 (Jihadiyya no. 441), doc. no. 1151, p. 121, on 29 Sha^ʿban 1264/July 31, 1848, from *Zabit Bey* to the Shura; and S/3/122/4 (Jihadiyya no. 440), doc. no. 214, p. 226, on 29 Sha^ʿban 1264/July 31, 1848 answering the previous letter.

111. S/7/10/8 (Majlis al-Ahkam no. 670), case no. 74, pp. 125–27, on 11 Rabi^ʿ al-Awwal 1276/October 8, 1859.

112. L/2/6/3 (Zabtiyyat Masr), case no. 251, pp. 196–99, on 1 Rabi^ʿ al-Awwal 1295/March 5, 1878.

113. L/2/6/2 (Zabtiyyat Masr), case no. 221, pp. 200–201, on 26 Dhu al-Qi^ʿda 1294/December 3, 1877.

114. L/2/6/3 (Zabtiyyat Masr), case no. 107, pp. 83–84, on 24 Muharram 1295/January 28, 1878.

115. S/7/10/18 (Majlis al-Ahkam), case no. 556, pp. 181–82, on 24 Ramadan 1280/March 2, 1864. *Iplikhane* literally means a spinning mill, but in nineteenth-century Cairo it referred to a women’s prison. It was located in Bulag; see S/7/10/3 (Majlis al-Ahkam no. 665), case no. 326, p. 41, on 17 Rabi^ʿ al-Thani 1275/November 24, 1858.

116. S/7/10/18 (Majlis al-Ahkam), case no. 410, pp. 100–101, on 4 Sha^ʿban 1280/January 14, 1864.

117. See the letter from the *Taftish* to *Diwan Khidiwi* in which this is explicitly stated: M/5/1 (Taftish Sihhat al-Mahrusa no. 163), doc. no. 1, p. 1, on 5 Dhu al-Qi^ʿda 1266/September 12, 1850.

118. There are numerous examples of these marriage requests; see, for example, S/3/122/2 (Jihadiyya no. 437), doc. no. 95, p. 90, on 4 Safar 1263/January 22, 1847.

119. S/3/122/4 (Jihadiyya no. 440), doc. no. 212, p. 195, on 27 Rajab 1264/June 29, 1848.

120. S/3/122/2 (Jihadiyya no. 437), doc. no. 121, pp. 124 and 135, on 13 Rabi' al-Thani 1263/March 31, 1847.

121. Ibid., doc. no. 128, pp. 138 and 146, on 7 Jamadi al-Awwal 1263/April 23, 1847.

